

# Foster Family Home - Corrective Action Report

**Provider ID:** 1-130036

**Home Name:** Rosebella Balan, CNA

**Review ID:** 1-130036-9

94-857 Kaaholo Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 1/27/2021

Foster Family Home	Required Certificate	[11-800-6]
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6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Recertification inspection for a 2 person CCFFH completed.

Corrective Action Report issued during CCFFH inspection with a written plan of correction due on 2/27/2021.

Foster Family Home	Background Checks	[11-800-8]
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8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1), (2)- CG#4's APS/CAN/Fingerprinting lapsed on 3/19/2020 and no current renewal present in the CCFFH binder.

Foster Family Home	Information Confidentiality	[11-800-16]
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16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

16.(b)(5)- No confidentiality policies and procedures and client privacy rights training present for CG#4 in the CCFFH binder.

Foster Family Home	Personnel and Staffing	[11-800-41]
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41.(b)(4) Cooperate with the department to complete a psychosocial assessment of the caregiving family system in accordance with section 11-800-7.(b)(2).

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

Comment:

41.(b)(4)- No Substitute Disclosure Form completed by CG#3 and CG#4 present in the CCFFH binder.

41.(b)(7),(8)- CG#4's TB clearance expired on 4/23/2020 and no current renewal present in the CCFFH binder. CG#4's First Aid certification expired on January 2019 and no current renewal present in the CCFFH binder.

Foster Family Home	Client Care and Services	[11-800-43]
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43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.

Comment:

43.(c)(3)- No RN delegation present for CG#3 on [REDACTED] r Client #2.

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Foster Family Home

Physical Environment

[11-800-49]

49.(a)(2) Grab bars in bath and toilet rooms used by the client, as appropriate;

Comment:

49.(a)(2)- No grab bars present near the toilet for clients' to hold onto for safety.

Foster Family Home

Quality Assurance

[11-800-50]

50.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

Comment:

50.(a)- No evidence of CG#3 and CG#4 having had training on the Emergency Preparedness Plan.

Mariela Nakawire, RN 1/27/2021  
Compliance Manager Date  
[Signature] 1/27/2021  
Primary Care Giver Date